# M2400000409

(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone #/	)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)		
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to Filing Officer:			





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## Incorporating Services, Ltd.

**inc**serv<sup>o</sup>

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST	DATE	4/28/2021

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 912956

ORDER ENTITY

NORTH EAST SNOWBIRDS

LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES: NORTH FAST SNOWBIRDS LLC. (FL)

File the attached withdrawal document

N	OT	'ES:

\$25.00 Authorized

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, April 28, 2021 Page 1 of 1

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# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NORTH EAST SNOWBIRDS ELC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
01/05/2021	
(Date registered with Florida Department of State)	
M21000000409	
(Florida Document Number)	
Effective Date, if other than the date of filing:	or ments.
John E. Bacon doilogy writed O47872111 36 AM EDT FEBRURY MONU + TCS	
(Signature of authorized representative)	
John E. Bacon, Esquire	
(Typed or printed name of signee)	

Filing Fee: \$25.00